

## Retail Food Establishment Inspection Report

## Floyd County Health Department Telephone:812-948-4726

XLOGO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			is of each violation is specified in the harrative porti				
Establishm				Telephone Number	Date of Inspection PERMIT # (mm/dd/yr)		
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Establishment Address (number and street, city, state, zip code)					1/27/	2019 111 -00	
	ilver St		Nu Albert 12 47158				
Owner				Purpose:	Follow-up Release Date		
Owner's Address				1. Routine	No 10 days		
OwnersA	duress				2. Follow-up Summary of Violations:		
Person in (	harge			3. Complaint		$\lambda \lambda$	
Kerdal		PP	ارس	4. Pre-Operational	C_\( \sigma \)	NC Q R Q	
Responsibl	e Person's	E-ma	1	5. Temporary	Menu Type	(See back of page)	
-				6. НАССР		V1.89	
Certified F	ood Mana	ger		7. Other (list)	1 2	3 X 4 5	
Karen	Dike	( 2,	/24 / 22 )			<del></del>	
• CRITICAL	TTEMS AF	E IDE	NTIFIED IN THE CHECKLIST AND NARRATIVE COI	LUMNS MARKED "C"		<u> </u>	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narra			<u> </u>	
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	, ,		No violations.	·			
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Received by (name and title printed):  Inspected by (name and title printed):							
Kendell Sheppine chef A.). Ingram (EHS)							
Received by (signature):  Inspected by (signature):							
Inspector of (infinitely)							
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